

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15509**
3726
Registrar's No.

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 27 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2059 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6031A Washington | | | | d. STREET ADDRESS (If rural, give location) 5 6031 Washington | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) _____ c. (Last) BRONSTEIN | | | 4. DATE OF DEATH (Month) (Day) (Year) April 8, 1953 | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Ab 1883 | |
| 9. AGE (In years last birthday) Ab 70 | | 10. UNDER 1 YEAR Months _____ Days _____ | | 11. UNDER 2 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) USSR | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | | | |
| 13a. FATHER'S NAME Unk. Brownstein | | | 13b. MOTHER'S MAIDEN NAME Unk. | | | 14. NAME OF HUSBAND OR WIFE Max | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Bronstein 6031A Washington | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Hypertensive C.V. disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4224 | | | |
| 22. I hereby certify that I attended the deceased from 4/13 , 19 53 to 4/8 , 19 53 , that I last saw the deceased alive on 4/8 , 19 53 and that death occurred at 10:59 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Deceased or title) Morris Olen | | | | 23b. ADDRESS 601 Humboldt St | | 23c. DATE SIGNED 4/8/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 4/9/53 | | 24c. NAME OF CEMETERY OR CREMATORY Chevre Kadisha | | 24d. LOCATION (City, town, or county) (State) University City, Mo. | |
| DATE REC'D BY LOCAL REG. APR 9 1953 | | REGISTRAR'S SIGNATURE J. Earl Smith m.d. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave. | | | |

5.0 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 23 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4229

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.